SPA3 QIC Meeting
Wednesday, June 15, 2011

I. Welcome and Introductions

II. Review of Minutes

Two corrections: Attendance sheet update and CAEQRO, Gassia attended the meeting and provided information.

ATTENDANCE

Misty Aronoff, Makan Emadi, Catherine Weatherspoon, Mirtala Parada-Ward, Helena Duke, Leslie Shrager, Julia Soler, Leslie Shrager, Lisha Singleton, Nancy Uberto, Windy Luna-Perez, Toni Aikins, Eric Stewart-Thomas, Patricia Gonzalez, Denise Lee, Julie Barron, Gaby Villasenor, Adri Vermilion, Claudia Williams, Dustin Schiada, Stephanie Schneider, Natalie Majors-Stewart, Melissa Pace, Kathleen Kim, C. Sanjines, S. Zendejas, Elizabeth Owens, Claudia Fierro, Melody Taylor-Stark, Gassia Ekizian, Veronica McClendon, Paula Ranale, Michelle Hernandez, Linda Pry.

QIC Project

Claudia Fierro, Chair

Access Center receives all of the crisis calls. Access is receiving a lot of calls from Service Area 3. Management is looking at why this is happening. SPA3 will be discussing with members how our service area direct providers and contractors handle crisis calls. After hours staff may need more training on how to deal with crisis calls.

Each agency policy or procedure should explain how the agency handles crisis calls. SPA3 members are encouraged to bring in their agency's policy or procedures to share different ideas and brainstorm on how to make it better. The goal is to have procedures in place that all agencies in Service Area 3 can follow.

Service Area 3 has been identified as high utilizers of the Psychiatric Mobile Response Team (PMRT). Some answers include:

- ✓ SPA3 has more residential agencies.
- ✓ Lack of training for after hour staff.
- ✓ Agency policies indicate PMRT will be notified rather than utilizing authorized clinical staff capable of de-escalating a consumer.
- ✓ Consumers are savvy enough to verbalize language that will result in immediate hospitalization.

These issues are beyond the agency level and point to macro level issues between DMH and PMRT. DMH is currently investigating why this is happening and the crisis emergency policy/procedure from Service Area 3 members will greatly aid in fact finding.

Agencies with children in the DCFS system utilize Access as the after hours contact. There is a list of 15 residential homes broken down between adult and children that are experiencing a back up issue. To alleviate the back up issue, members shared ideas of what might be successful strategies:

- ✓ Survey
- ✓ Form a Committee
- ✓ Crisis Book (procedures for all staff, clinical, support and administrative)
- ✓ Survey a specific Target Population

Some agencies do not use Access after hours and have their own internal crisis plan. These agencies have seen a decrease in Access calls.

Outpatient agencies:

- ✓ Is the line staff familiar with what to do when a crisis occurs?
- ✓ Are agencies familiar with their policies pertaining to crisis?
- ✓ How are crisis handled after hours?

Residential agencies – in most policies the clinician is available to return back on campus. If the clinician returns to campus, why is there a need to contact PMRT? The clinician's job upon returning to campus is to de-escalate the consumer.

Service Area 3 members are encouraged to email Claudia Fierro crisis policies or procedures. Claudia will send out an email notifying members.

Pilot Project – SPA2 Group Home Crisis Management Project
Lisha Singleton, Residential Liaison for SPA3

A Tracking form was sent out June 1, 2011. The Tracking Form is only for the residential pilot for the agencies listed below.

If there is a DCFS child in the community, they are a priority. A requirement of two LPS to attend one crisis is mandatory. This brings the focus back again to what is going on within residential campuses where there is a high level of PMRT calls.

One answer may be that children often enjoy the hospital and often demand to return naming a specific hospital they desire.

8 service area providers have been identified as high PMRT utilizers:

McKinley
David & Margaret
Five Acres
Hillside
Rosemary's Children
Maryvale
Hathaway-Sycamores Child & Family Services
LeRoy Haynes

What is going on in these agencies that have crisis plans where their consumers are high utilizers? These agencies are to track PMRT calls and the outcomes.

Outpatient – do not have the same contract that Residential has with the LACDMH. Outpatient agencies must adhere to their Crisis Policies.

For DCFS children, when PMRT goes out to a call, DCFS is supposed to come along. Most of the children are residential and know the language that will get them hospitalized.

Discharge procedures have the DMH Liaison's going to all the hospitals tracking what happened and the consumer's progress.

Some tracking information has resulted in finding out that when certain clinical staffs are working the level of PMRT calls either increase or decrease.

Some agency's crisis policies indicate to "contact PMRT." However, this is not what the contract says; agencies need to adhere to their contract because most of the contracts indicate that the agency has licensed staff available to handle crisis.

QUALITY IMPROVEMENT
Melody Taylor Stark

Test Calls
There is a more recent packet for test calls.

Cultural Competency

LeRoy Haynes (Anna) started attended

Next meeting July 6, 2011
1:30 – 3:30 at 695 Vermont 15th floor (Glass Conference Room)

Sandra Chang-Ptanski at 213-251-6815
schang@dmh.lacounty.gov

Access Test Calls
- Claudia sent packet
- Instruction forms handed out
- SPA3 July 17 & 23 will be conducting test calls
- Each service area being asked to do 5 in English and other language
- After hours Monday – Friday (review Claudia's information)
- Email Claudia if someone from your agency is willing to do test calls

QUALITY ASSURANCE
Gassia Ekizian

Norma Fritsche retired after several years as Division Chief of LACO DMH QA department.

New QA Division Chief Dr. Bradley Bryant from Service Area 7

Audits

- June 13th - Auditor Controller at Children's Institute
- EPSDT will resume after fiscal year

State DMH Updates

- 128 positions will be eliminated from State DMH
- State will no longer administrate MHSA funds, but will continue to oversee MHSA:
  - Housing
  - Suicide Prevention
  - Stigma Reduction
  - Data Collection programs

Staff Taxonomy

- Effective June 16th, claims must be sent with taxonomy. This means coordination of benefits with some taxonomy:
  - If a staff has 2 taxonomies, the system will prompt to choose one
  - EDI programs will not need to choose
  - Review closely the IS 280 reports this week and make sure corrections are made.

CCCP/SFPR Update

New SFPR Policy: 202.31 – In addition the new policy identifies the Roles and Responsibilities in the Care of Clients Policy/Procedure for direct service staff; Head of Service, Primary Contact and Rendering Provider.

- All Management Inquiries (Board of Supervisors and DMH Managers) will go to the Head of Service. If there is no Head of Service is listed in the DMH Head of Service Directory, the responsibility will default to the Provider Director.
- All open episodes must have an SFPR except for list provided.
- The SFPR's only responsibility is the coordination of care for the client.
- If SFPR is not the Authorized Mental Health Discipline (AMHD) a consultation must take place with an AMHD on staff and familiar with the client's case regarding whether or not clinical services are appropriate for the client.
- Annual Assessment Update Workgroup will follow the CCCP Writing Workgroup.

CCCP Objective Writing Workgroup Update

- Objectives to provide some guidance on what is expected on the CCCP. Next meeting is June 30th from 9:00 – 11:00AM. Please contact Jennifer Holliman (formerly Jennifer Eberlee).

1115 Waiver

- Community partners from the Department of Health Services will be contracting with some agencies to provide services to Tier 2 clients. The procedure code for this service will be H2016. These clients are non-Medi-Cal but Healthy Way Los Angeles clients. The H2016 only applies to this service.

Update on Minor Consent Law

- Effective January 1, 2011, minors that are 12 years old and over are mature enough to participate and can be seen for mental health services. However, DMH has instructed Directly Operated Clinics that these services cannot be billed to Medi-Cal unless they meet all the criteria outlined in the Consent of Minor form. This is how DMH has interpreted the law. Contract Providers will have to seek their own legal council to decide on their interpretation of Senate Bill 543. The Consent of Minor form has not been updated on the Internet.

  Website that translates the law:
  Teenhealthrights.org

  - On front page of website one of the link goes straight to Senate Bill 543
  - There is a grid for the teenagers to fill out
  - Outlines the two different category's
  - Outlines criteria billable to Medi-Cal

AUDITS

Some requests from providers that Auditor Controllers be trained in EBP's

Wrap Program Review
Hillside – coming on July 16th to do a friendly review for Outpatient (5 charts)

Next Meeting: Wednesday, July 20, 2011